

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY	
	Chapter 5: General Case Management	Effective Date: October 1, 2020
	Section 8: Developing the Case Plan	Version: 10

STATEMENTS OF PURPOSE

The Indiana Department of Child Services (DCS) will have an approved [Case Plan](#) in the case management system within 45 days of removal or disposition, whichever comes first, for the following:

1. Each child who has been adjudicated a Child in Need of Services (CHINS);
2. All children with an open case type; and

Note: For children participating in a [Program of Informal Adjustment \(IA\)](#), the signed [IA](#) serves as the [Case Plan](#).

3. All children who are at imminent risk of removal. See policy [7.01 Imminent Risk](#) for additional information.

DCS will verify completion, within federal guidelines, of a Case Plan for all Juvenile Delinquent/Juvenile Status (JD/JS) cases for whom payment of the placement is ordered to DCS.

DCS will work with the child; parent, guardian, or custodian (including non-custodial and/or incarcerated parents); extended family; and members of the Child and Family Team (CFT) when developing the [Case Plan](#) to ensure the development of a purposeful and achievable plan toward safety, stability, permanency, and well-being. See policies [5.03 Engaging the Family](#) and [5.04 Noncustodial Parents](#) for additional information.

Exception: DCS will not involve the parent in the case planning process if parental rights have been terminated or if the parent has not been located after diligent efforts. See policy [2.26 Diligent Search](#) for additional guidance.

When developing the [Case Plan](#), DCS will seek input from professionals who may not be members of the CFT but have expertise relating to the child's and/or family's strengths and needs (e.g., physicians, mental health professionals, school personnel, and other community service providers). DCS must include the resource parent and Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL) in developing the [Case Plan](#) if they are not already members of the CFT.

DCS will make concerted efforts to [actively involve](#) all children and youth in the case planning process and development of the [Case Plan goals](#) (as developmentally appropriate). However, youth 14 years of age and older are required to participate in the development of the Case Plan.

DCS may excuse the child from the case planning process only when the child is unable to participate effectively due to a physical, mental, emotional, developmental, and/or intellectual

disability. The reasons for the child's inability to participate must be documented in the [Case Plan](#).

Note: If the child/youth refuses to participate in the development of the [Case Plan](#), DCS must record the refusal and document efforts made to obtain the child's input and participation in the development of the [Case Plan](#). See [Practice Guidance](#) for additional Information.

DCS must ensure all youth 14 years of age and older receive the [Indiana DCS Bill of Rights for Youth in Care](#) and understand the [bill of rights](#) before signing the completed [Case Plan](#). Youth 14 years of age and older may select up to two (2) [child representatives](#) to be a part of their CFT and assist with the development of the [Case Plan](#). See [Practice Guidance](#) for additional information.

DCS will ensure the [Case Plan](#) is updated at least every 180 days from the effective date of the previous plan. The [Case Plan](#) should be updated anytime there is a significant change in the child and/or family needs.

Code References

1. [IC 31-34-15: Case Plan](#)
2. [IC 31-34-15-7: Consult with child; selection of child representatives; adviser](#)
3. [IC 31-37-19-1.5 Completion of case plan; copies of case plan; contents; review and update](#)
4. [IC 31-9-2-22.1: Concurrent Planning](#)
5. [42 USC 675\(1\) and \(5\): Public Health and Welfare](#)
6. [45 CFR 1356.21\(g\): Case plan requirements](#)

PROCEDURE

The Family Case Manager (FCM) will:

1. Seek input from professionals (e.g., physicians, mental health professionals, school personnel, and other community service providers);
2. Schedule and convene a CFT Meeting, or conduct a Case Plan Conference if all [required parties](#) are not members of the CFT. See [When to Develop a Case Plan](#) for additional clarification.

Note: Prior to the CFT Meeting or Case Plan Conference, staff with the FCM Supervisor to plan for the safety of the child and non-offending parent for cases with identified domestic violence (DV).

3. Review and update the child's [Visitation Plan](#), medical information, education information, [Permanency Plan](#), and [child and parent status](#) information in the case management system. See policies [6.10 Permanency Plan](#) and [8.12 Developing the Visitation Plan](#);
4. Develop the [Case Plan](#):
 - a. Prioritize the goals and services based on the immediate safety needs of the child and risk of future Child Abuse and/or Neglect (CA/N),
 - b. Determine the [Permanency Plan](#) and second [Permanency Plan](#), if concurrent planning, that is in the best interest of the child. See [When to Develop a Case Plan](#)

- and policies [5.15 Concurrent Planning-An Overview](#) and [6.10 Permanency Plan](#) for additional information and clarification,
- c. Utilize Specific, Measurable, Achievable, Relevant, and Timely (SMART) goals in the development of the [Case Plan](#). See the [SMART-Goals Tip Sheet](#) for additional guidance,
 - d. Ensure all [elements of the Case Plan](#) are identified in the [Case Plan](#) and are credibly related to the underlying needs of the child and family and that all elements support the [Permanency Plan](#),
 - e. Ensure services to address all identified risk factors for the child; parent, guardian, or custodian (including the non-custodial and/or incarcerated parent); and resource parent are in place and documented in the [Case Plan](#). See policy [5.10 Family Services](#) and [Practice Guidance](#) for more information, and
 - f. Recognize the importance of both formal and informal supports for the family and child.
5. Develop or update the [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#) to ensure the child's safety in all settings (e.g. school, extracurricular activities, home setting, safe sleep environment, and visitation). See policies [4.19 Safety Planning](#), [4.42 Plan of Safe Care](#), and [5.21 Safety Planning](#) for more information;

Note: Efforts to enable the child's school to provide appropriate support and protect the safety of the child will be documented in the [Case Plan](#).

6. Ensure the following are attached to every [Case Plan](#):
- a. CFT Meeting notes. See policy [5.07 Child and Family Team Meetings](#) for more information,
 - b. [Safety Plan \(SF 53243\)](#) and/or the [Plan of Safe Care \(SF 56565\)](#). See policy [5.21 Safety Planning](#) for additional information,
 - c. Visitation Plan. See policy [8.12 Developing the Visitation Plan](#) for additional guidance, and
 - d. [Transition Plan for Successful Adulthood \(SF 55166\)](#), if applicable. See Policy [11.06 Transition Plan for Successful Adulthood](#) for more information.
7. Obtain signatures on the approved [Case Plan](#) from all [required parties](#);

Note: The FCM must ensure youth age 14 and older understands that by signing the [Case Plan](#), they are also acknowledging the receipt of the [Indiana DCS Bill of Rights for Youth in Care](#), and that the bill of rights was explained in a manner that they were able to understand.

8. Mail or hand deliver a copy of the signed [Case Plan](#), within 10 calendar days of completion, to the [required parties](#) as well as the following:
- a. Additional persons specifically identified in the plan who will play a role in implementing the [Case Plan](#), and
 - b. Service providers outlined in the [Case Plan](#).
9. Upload the signed copy of the [Case Plan](#) into the case management system; and
10. Ensure a copy of the signed [Case Plan](#) is provided to the court.

The FCM Supervisor will:

1. Provide input into the [Case Plan](#) development during [clinical supervision](#);

2. Discuss with the FCM how best to protect the safety of the child and the non-offending parent when writing the [Case Plan](#) for cases with identified DV;
3. Ensure the [Case Plan](#) is completed within the timeframes identified in this policy;
4. Review the [Safety Plan \(SF 53243\)](#) and/or [Plan of Safe Care \(SF 56565\)](#) to confirm it is appropriate to address the child's safety needs; and
5. Review and approve the [Case Plan](#) prior to its distribution.

The DCS Staff Attorney will file the signed [Case Plan](#) and any necessary attachments as part of the court report prior to the next court hearing.

PRACTICE GUIDANCE

Required Parties for Case Plan Development

The following individuals are required to be involved in the development of the [Case Plan](#):

1. Parent, guardian, or custodian (including the noncustodial and/or incarcerated parent);

[NEW] Note: The FCM or 3CM should consult with the DCS staff attorney if there is uncertainty regarding whether the parent should be involved in case planning for a youth who is over 18 years of age or who has a permanent plan of APPLA.

2. Child (as age and developmentally appropriate);

Note: Youth ages 14 and older may select up to two (2) [child representatives](#) to be a part of the CFT and assist with the development of the [Case Plan](#).

3. Resource parent, if applicable;
4. CASA/GAL;
5. Licensed Child Placing Agency (LCPA), if applicable; and
6. FCM and their FCM Supervisor.

Actively Involve

The FCM will engage the child/youth in an age and developmentally appropriate manner to discuss the child's goals and services, explain the plan and terms using language they understand, and include youth (14 years of age and older) in all case planning meetings.

Note: If the youth refuses to participate in the development of the [Case Plan \(SF 2956\)](#), DCS must record the refusal and document efforts made to obtain the child's input or participation in the development of the [Case Plan \(SF 2956\)](#).

Child Representatives

Beginning at 14 years of age, youth may select up to two (2) [child representatives](#). The [child representatives](#) must be at least 18 years of age, be added as a member of the CFT, and may not be a foster parent or FCM. The youth may select one (1) of the [child representatives](#) to also be their adviser, and if necessary, advocate for age appropriate activities. [Child representatives](#) are subject to the approval of DCS, and they may be rejected if there is cause to believe they would not act in the best interest of the child.

Permanency Plan

The [Permanency Plan](#) is the intended permanent or long-term arrangement for care and custody of the child. The [Permanency Plan](#) must include one (1) of the following goals that the

court considers most appropriate and in the best interest of the child. See policy [6.10 Permanency Plan](#) for additional information regarding each permanency goal:

1. Reunification;
2. Adoption;
3. Legal Guardianship;
4. Another Planned Permanent Living Arrangement (APPLA) (only applicable for youth 16 years of age and older); or
5. Placement with a fit and willing relative.

Cultural Consideration in Case Planning

The FCM will collaborate with the CFT, and other required participants, to gain a better understanding of the facts that contributed to DCS involvement. The FCM will ensure that the child and family's culture is considered during the development of a purposeful and achievable plan toward safety, stability, permanency, and well-being. See [Cultural Considerations in Case Planning](#) for guidance regarding considerations for families that are experiencing DV.

Parent, Guardian, Custodian and/or Child's Inability and/or Refusal to Participate in Case Planning

The FCM must document in the case management system the efforts made to involve each parent, guardian, custodian, and/or child, as applicable. Despite a parent, guardian, custodian and/or child's refusal to participate in the development of the [Case Plan](#), the FCM must provide a copy of the document to the parent, guardian, custodian, and/or child (as applicable) and ask him or her to review and sign the [Case Plan](#). If a parent, guardian, custodian, and/or child (as applicable) is not able to be located or refuses to sign the [Case Plan](#), the FCM will document the parent, guardian, custodian and/or child's inability and/or refusal to sign the [Case Plan](#) in the case management system.

FORMS AND TOOLS

1. [Case Plan \(SF 2956\)](#) – Available in the case management system
2. [Program of Informal Adjustment](#) – Available in the case management system
3. [Safety Plan \(SF 54243\)](#) - Available in the case management system
4. [Plan of Safe Care \(SF 56565\)](#) – Available in the case management system
5. [Indiana DCS Bill of Rights for Youth in Care](#)
6. [Visitation Plan](#) – Available in the case management system
7. [Transition Plan for Successful Adulthood \(SF 55166\)](#)
8. [SMART-Goals Tip Sheet](#)

RELATED INFORMATION

Elements of the Case Plan

1. Objectives
Objectives are statements of direction that are measurable. The objectives in a [Case Plan](#) describe desired outcomes. In the CFT process, identifying objectives is a powerful process that creates energy and direction leading to change. The objectives become the map or foundation for change. The team then identifies formal and informal supports to meet the stated objectives.
2. Strengths
A child and family's past and present experiences, assets, interests, resources, and preferences provide strengths to meet needs. Strengths are more than value statements

such as “she loves her child” (inventory). Strengths identified as resilience, experiences, assets, interests, or qualifications may be applied in building the action steps of a plan. See [DCS SharePoint Practice Model Site Tools: Functioning Strengths](#).

3. Needs

A need may be a requirement essential to all human beings, such as the need for shelter, food, affiliation, or nurturance. A need is often a description of the underlying conditions that may be the source of the symptoms or the behavioral expressions of problems a family may be encountering. See [DCS SharePoint Practice Model Site Tools: Structuring Need Statements](#).

4. Activities

Activities represent the agreement made with CFT members. Activities are the pathways to meet the needs and achieve objectives. Activities should be meaningful enough to motivate the person toward an action and an achievement. Activities should be reasonable enough for people to have confidence in accomplishing each activity they are assigned. Activities should be clear enough so members within and outside of the team share a common understanding of what is to be achieved. Activities should define the “who, what, how, where, and when” of the planning process:

- a. Activities are behaviorally specific, provide clear direction, concrete, measurable, and observable,
- b. Activities are built around the strengths of the family and other CFT members,
- c. Activities are progressive, moving from the simple to the complex, and
- d. Activities include the person responsible and the target completion date for each activity.¹

Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

Example: The focus of clinical supervision for an FCM is on practice that directly impacts outcomes for families.

Regional Permanency Teams

Regional Permanency Teams (RPT) are designed to ensure all children live in a permanent, safe, sustainable, and supportive environment to help achieve case closure. The RPT assists in identifying permanency options and planning to achieve permanency for each child.

Cases reviewed by the team are specifically selected based on the length of stay in care, time of involvement, and severity of needs identified. The team must also review and approve changing a child’s [permanency plan](#) to APPLA. See policy [8.51 Regional Permanency Team](#) for more information.

Change in Child or Parent’s Status

The [Case Plan](#) should document changes regarding the parent’s income, employment status, and place of residence. These changes may affect the child’s Title IV-E Eligibility. See policy [15.1 Eligibility Overview for Field and Legal Staff](#) for more information.

¹ Paragraphs on Goals, Strengths, Needs and Activities are adapted from the Planning Curriculum, The Child Welfare Policy and Practice Group.